

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

(Applicant's Name) :
:
Application for a certificate of :
prepaid calling service provider authority :
in (list specific area) in the :
State of Illinois. :

**APPLICATION TO OBTAIN A
“CERTIFICATE OF PREPAID CALLING SERVICE PROVIDER AUTHORITY”**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any) FEIN # _____

Address: Street _____

City _____ State/Zip _____

Please complete the following with respect to the Applicant and Underlying Carrier:

2. Please provide the Applicant's toll-free customer service number.

3. In what area or areas of the state does the Applicant propose to provide service?

4. Please attach a sheet designating contact persons to work with Illinois Commerce Commission Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer service complaint resolution
- d) technical and service quality issues and compliance with service quality standards and remedies
- e) “tariff” and pricing issues
- f) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

5. Please check type of organization.

☐ Individual ☐ Corporation
☐ Partnership Date corporation was formed _____
In what state? _____
☐ Other (Specify)

6. Submit a copy of articles of incorporation or other organization documents, a copy of any contract with any underlying carrier(s) and a copy of certificate of authority to transact business in Illinois.

7. List jurisdictions (other than Illinois) in which Applicant is offering service(s).

8. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☐ NO

9. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☐ NO

If YES, describe fully. _____

10. Has Applicant provided service under any other name?

☐ YES ☐ NO

If YES, please list. _____

11. Is the Applicant seeking an expedited application pursuant to Section 13-404.1(b)?

☐ YES ☐ NO

If YES, please provide the name of the underlying carrier(s) and the docket number of the underlying carrier(s) certification proceeding. _____

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, resumes of key personnel, or a combination of these forms.

13. List officers or principals of Applicant.

_____	_____
_____	_____
_____	_____

14. Does any officer or principals of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services? ____ YES ____ NO

If YES, list entity. _____

15. How does Applicant propose to handle service complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

16. Does Applicant currently maintain service quality standards?

____ YES ____ NO

If YES, please attach what those standards are, any credits that may be issued for failures and how customers are notified.

17. Will personnel be available at Applicant's business office during regular working hours to respond to customer inquiries about service or billing? ____ YES ____ NO

18. What telephone number(s) would a customer use to contact your company (other than the toll-free customer service number provided in response to question 1)?

19. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

____ YES ____ NO

FINANCIAL

20. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

21. Does Applicant utilize its own equipment and/or facilities? ____ YES ____ NO

If YES, please list the equipment and / or facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which underlying carrier's facilities does the Applicant intend to use?

22. Please describe the nature of prepaid service to be provided (e.g., general service, location specific service, discounted rates for specific countries, etc.).

23. Will technical personnel be available at all times to assist customers with service problems?

_____ YES _____ NO

24. Please attach a copy of the front and back of any prepaid calling cards Applicant currently sells.

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of _____)
)ss
County of _____)

_____ makes oath and says that he is _____
(Insert here the name of affiant) (Insert the official title of the affiant)

of _____
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ _____
(Title of person authorized to administer oaths)

in the State and County above named, this _____ day of _____, _____.

(Signature of person authorized to administer oath)